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FROM: Winston Hsu, PATENT AGENT, REG. NO.: 41,526

SERIAL NO.: 10/064,414

ATTORNEY DOCKET NO.: ASIP0004USA

SUBJECT: Response to Office Action dated 10/06/2004

TOTAL PAGES: 14 PAGES (INCLUDING COVER PAGE)

Winston Hsu 2005/1/4

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PTO/SB/97 (09-04)

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Application Number: ~~10/700,307~~

(1) Transmittal Form	1 PAGE
(2) Fee Transmittal Form	1 PAGE
(3) Response to Office Action	10 PAGES

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PTO/SB/Z1 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/064,414	
	Filing Date	07/11/2002	
	First Named Inventor	Mong-Ling Chiao	
	Art Unit	2186	
	Examiner Name	Thomas, Shane M	
Total Number of Pages in This Submission	12	Attorney Docket Number	ASIP0004USA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	North America Intellectual Property Corporation	
Signature	<i>Winston Hsu</i>	
Printed name	Winston Hsu	
Date	01/04/2005	Reg. No. 41,526

CERTIFICATE OF TRANSMISSION/MAILING		
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PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 300.00**Complete if Known**

Application Number	10/064,414
Filing Date	07/11/2002
First Named Inventor	Mong-Ling Chiao
Examiner Name	Thomas, Shane M
Art Unit	2186
Attorney Docket No.	ASIP0004USA

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 22 - 20 or HP = 2 x 50 = 100 **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 4 - 3 or HP = 1 x 200 = 200 **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

(round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<u>Winston Hsu</u>	Registration No. (Attorney/Agent)	<u>41,526</u>	Telephone	<u>302-729-1562</u>
Name (Print/Type)	<u>Winston Hsu</u>	Date	<u>01/04/2005</u>		

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JAN 04 2005

SECURE FLASH MEMORY DEVICE AND METHOD OF OPERATION

Appl. No. : 10/064,414
Applicant(s) : Mong-Ling Chiao,
5 Chih-Jen Tsai
Filed : July 11, 2002
TC/A.U. : 2186
Examiner : Shane M. Thomas
Docket No. : ASIP0004USA0
10 Customer No. : 27765
Confirmation No. : 7464

Commissioner for Patents
P.O. Box 1450
15 Alexandria VA 22313-1450

Subject: Response to the Office action mailed 10/06/2004

INTRODUCTORY COMMENTS

20

The claims are amended to overcome the rejections made by the Examiner. No new matter is introduced by these amendments. Consideration of all amendments is requested.

25 **Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.
Remarks begin on page 8 of this paper.